GLOUCESTER COUNTY ANIMAL SHELTER PRE-ADOPTION APPLICATION

1200 N. DELSEA DRIVE, CLAYTON, NJ 08312 856-881-2828 FAX 856-881-0538

PLEASE PRINT

Applicant Info				
Name:			Phone #:	
Address:			Apt. #:	
City:Cour		ounty:	State/Zip:	
E-mail:	Alt Phone #:			
Rent or own: House	Apartment	Mobile Home	Condo/Townhome	Dorm
Landlord's Name and #:				
Please list the names and ages of all people living in the home and their relationship to you				
(spouse/partner, roommate, child, etc):				
Name:		Age:	Relationship:	
Name:		Age:	Relationship:	
Name:		Age:	Relationship:	
Name:		Age:	Relationship:	
Name:		Age:	Relationship:	
You are looking for:	Cat	Dog	Other:	
If you're interested in a specific pet at the shelter, please write their ticket #:				
Cat Pre-Adopt - you may skip this section if you are not interested in adopting a cat				
Have you ever owned a cat? Yes / No Will cats be allowed outside? Yes / No				
Do you plan to declaw th	ne cat? Yes	/ No		
What are your reasons for	or adopting a ca	at?		
Dog Pre-Adopt – you may skip this section if you are not interested in adopting a dog				
Have you ever owned a dog? Yes / No				
Where will your dog spend most of its time? Inside / Outside				
How many hours per day will your dog be left alone?				
What are your plans for your dog when you're out of the house?				

What energy level are you looking for in a dog? High / Medium / High

www.gloucestercountynj.us

Previous & Current Pet Information Please list the pets you currently have or have had in the past 3 years in your household Name:_____ Breed:_____ Age:___ Sex: **M / F** Deceased? **Yes / No** Name:______ Breed:_____ Age:____ Sex: **M** / **F** Deceased? **Yes** / **No** Name:_____ Breed:____ Age:___ Sex: **M / F** Deceased? **Yes / No** Name:_____ Breed:_____ Age:___ Sex: **M / F** Deceased? **Yes / No** Name:_____ Breed:_____ Age:___ Sex: **M / F** Deceased? **Yes / No** Are your pets taken to the vet annually? Yes / No Are your pets spayed/neutered? Yes / No Veterinarian's Name and #: I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I FURTHER UNDERSTAND THAT FALSIFIED INFORMATION THAT I GIVE WILL TERMINATE ACTION ON THE ADOPTION PROCESS. I HEREBY AUTHORIZE RELEASE DISCLOSURE OF RECORDS AND OR OTHER INFORMATION CONCERNING ALL OF THE ABOVE INQUIRIES, INCLUDING BUT NOT LIMITED TO, TENANCY INFORMATION AND VETERINARY RECORDS. Signature (must be 18 years or older) Date Time Y / N EMP: APPROVED FOR: CAT DOG OTHER COMMENTS: _____ ADOPTED: TICKET #: